



Subcontractor Pre-Qualification Worksheet

From: _____

License No: _____

Address: _____

License No: _____

License No: _____

License No: _____

Phone: _____

License No: _____

Fax: _____

Federal I.D. No: _____

Email: _____

Estimating

Contact

Contact: _____

Title: _____

Website: _____

Year Business Started: _____

Union/Signatory Yes NO

Subcontractor Vendor/Supplier

Referred By: _____

Date: _____

1) Trade Categories: List categories of work you are qualified to perform.

2) Area of Work: Please check only locations in which you can work:

AZ
KY
TX

CA
MI
WA

CO
OH
WI

ID
OR
WV

IN
PA
WY

3) Project Types: Please check the type and size of building projects your company has completed.

<input type="checkbox"/> Commercial	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Mid Rise Office Space
<input type="checkbox"/> Churches	<input type="checkbox"/> Retail	<input type="checkbox"/> Other _____
<input type="checkbox"/> Restaurants	<input type="checkbox"/> Design/Build/Assist	<input type="checkbox"/> Other _____
<input type="checkbox"/> Multi-Family Housing	<input type="checkbox"/> Educational Facilities	

Preferred Project Size: \$25K \$50K \$100K \$250K \$500K \$1M

4) Has your company had experience with LEED projects? Yes No

5) Performance Reference: Please provide a minimum of five (5) recently completed jobs with **five (5) DIFFERENT General Contractors, Contact Names** and corresponding references for the above selected project types.

Additional job list and company brochure appreciated.

PROJECT	GENERAL CONTRACTOR & CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	SUBCONTRACT VALUE
				\$
				\$
				\$
				\$
				\$

6) Annual Volume: What was the average annual volume of work completed in the last three years.

\$ _____ \$ _____ \$ _____

7) Bonding Company and Agents Name and Telephone Number:

Company: _____

Agent: _____ Phone: _____

Please enter your company's bonding limits :

Date of last Bond: _____ Amount: \$ _____ Bond Rate: _____ %

Bonding Capacity:

\$ _____ Per Job \$ _____ Aggregate

8) Is your Company a Certified?

MBE WBE DBE VBE SBE Native American NA

Provide Number of: Office Personnel _____ Field Supervisors _____ Avg. Field Labor _____

9) List the name and title of the Company Principle:

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

10) Safety: In the past five (5) years, has your company had any fatalities, falls over 10 feet, or been cited by OSHA for a "serious" or "willful" violation? Yes No

11) Workers Compensation: Please list your Workers Compensation Modifier or EMR for the last Three (3) years.

Yr/Rate: _____ Yr/Rate: _____ Yr/Rate: _____

12) What is your limit to Liability Insurance? _____

(Upon Request)

Financial References: Attach or mail a copy of you most recent fiscal year ending Balance Sheet.

Thank you for your interest in D.A. Bentley Construction, LLC. Please return this form to our office listed below.

D.A. Bentley Construction, LLC
Attn: Neil Feinstein
1700 Washington Street
Vancouver, WA 98660
360-695-9234